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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2006			Complete if Known				
			Application Number Not Yet			Known	
			Filing Date	١	Not Yet Known		
			First Named Inv	entor F	Faria et al.		
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	; N	Not Yet Known		
1				Not Yet Kno	et Known		
TOTAL AMOUNT OF PAYMENT	(\$) 0.00		Attorney Docket	No. I	NA-PT185	(4366-1	8-US)
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
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under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
BASIC FILING, SEARCH, AND EXAMINATION FEES							
	G FEES S		CH FEES	EXAM	INATION F		
Application Type Fee (\$	Small Entity ) Fee (\$) <u>F</u>	Fee (\$	Small Entity ) Fee (\$)	Fee (	<u>Small Er</u> <u>\$)                                    </u>		Fees Paid (\$)
Utility 300	<del></del>	500	250	200	100	<del>*</del>	
Design 200	100	100	50	130	65		
Plant 200	100	300	150	160	80		
Reissue 300	150	500	250	600	300		
Provisional 200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
<u>Fee Description</u> Each claim over 20 (including			<u>ree</u> 5		<u>Fee (\$)</u> 25		
Each independent claim over			20		100		
Multiple dependent claims			36		180		
Total Claims Extra Cl	laims Fee (\$)	<u>Fee</u> -	• Paid (\$) 0			iple Depe e (\$)	endent Claims Fee Paid (\$)
HP = highest number of total claims pai		_			<u>ree</u>	<u>; (4)</u>	<u>i ee Faiu (\$)</u>
Indep. Claims Extra Cl		<u>Fee</u>	<b>Paid (\$)</b> 0				
HP = highest number of independent cla	<b>x</b> = aims paid for, if greater than	- ı 3.					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> - 100 =							
4 OTHER FEE(0)							
Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filing surcharge):							
SUBMITTED BY							
ignature			Registration No. (Attornev/Agent)	4 626	Te	elephone	215-568-6400
lame (Print/Type) Randolph J. Huis	Attorney/Agent) 34,626			Date September 12, 2006			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.